

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUDY

AMENDED

Registration District No. 585

Primary Registration District No. 3039

Registrar's No. 384

FILED MAY 16 1963

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109 High Street</u>		d. STREET ADDRESS (If outside, give location) <u>747 East Boston</u>	
3. NAME OF DECEASED (Type or print) First <u>SINA</u> Middle <u>MYRTLE</u> Last <u>ELLIOTT</u>		4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/16/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife in own home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardening, Mo.</u>	
11a. FATHER'S NAME <u>John Woodside</u>		11b. MOTHER'S MAIDEN NAME <u>Pauline Phillips</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>Kenneth Elliott, Brookfield, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Breast</u> DUE TO (c) <u>Hydrothorax; Cardiac decomp.; Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hydrothorax; Cardiac decomp.; Anemia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Linn</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1959</u> to <u>May 7 1963</u> and last saw her alive on <u>April 28</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George J. Jorgensen</u> (Degree or title)		22b. ADDRESS <u>Wasselline Missouri</u>	
22c. DATE SIGNED <u>5-9-63</u>		22d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 10, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Memorial Garden, Brookfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-8-63</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____ Student Embalmer No. _____

or by _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B. J. Lindley*

Licensed Embalmer No. 40822

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.